PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

200309090-1

FOI		S	(Colur	าก 1)	(Coi	umn 2)		TYPE	ENTITY	OF		R THAN LENTITY
FOI		S	ł		(Column 1) (Column 2)							PNIIIV
то	R	TOTAL CLAIMS						RATE	. FEE	_	RATE	FEE
l	FOR			NUMBER FILED		BER EXTRA	1	BASIC FI	385.0	O OF	BASIC FE	+
IND	TOTAL CHARGEABLE CLAIMS			20 minus 20= *			1	X\$ 9=	1	OF	70.0	
INDEPENDENT CLAIMS			2 1	Z minus 3 = *		 ,	1 1	X43=	+	\exists	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	+
MUL	TIPLE DEPE	NDENT CLAIM	PRESENT	RESENT			1	743=		OR	×60=	
• If t	he differenc	e in column 1 is	s less than	less than zero, enter		column 2	, [+145=	ļ	OR	+290=	
CLAIMS AS AMENDED - PART II						50.6 2		TOTAL	Ĺ	OR	TOTAL	720
(Column 1) (Column 2) (Column						(Column 3))	SMALL	ENTITY	OR	OTHEF SMALL	R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE]	RATE	ADDI- TIONAL FEE
	Total		Minus			=	1 [X\$ 9=		OR	X\$18=	
AME	ndependent		Minus	***		=]	X43=	 	OR	X86=	
	-IRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		Ĭ	.145-		1		
							L	+145=		OR	+290= TOTAL	
		(Column 1)		(Columi	n 2)	(Column 3)	Al	DDIT. FEE		JOR ,	ADDIT. FEE	
$\overline{\Box}$		CLAIMS		HIGHE		(00/0///// 0)	1 -			7 1		
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	otal	*	Minus	**		=		X\$ 9=		OR	X\$18=	
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<u> Fi</u>	HST PHESE	NTATION OF MU	JLTIPLE DE	PENDENT C	LAIM	· []	-			 └┐├		
						•	Ŀ	+145=		OR	+290=	•
						•	AD	TOTAL DIT. FEE	· ·	OR	TOTAL DDIT. FEE	
· ·		(Column 1)		(Column	(2)	Column 3)			•.			
۱ د		CLAIMS		HIGHES	i				455:	_		
		REMAINING AFTER AMENDMENT		NUMBE PREVIOUS PAID FO	SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
To:	tal	•	Minus	\$18	-	=	5	(\$ 9=		OR	X\$18=	
-			Minus	***		=	-	K43=			X86=	
FIF	RST PRESEN	<u> </u>		·	OR	×00=						
• If the	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
of the	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2."								السسي		TOTAL DIT. FEE	
The	*Highest Numb	er Previously Paid	For" (Total or	Independent)	is the hi	ghest number	found i	in the appr	opriate box	in colun	nn 1.	